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CONFIRMATION NO. 5130

SERIAL NUMBER 09/422,121	FILING OR 371(c) DATE 10/20/1999 RULE	CLASS 345	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. TIVO0004
APPLICANTS JAMES M. BARTON, LOS GATOS, CA; BRIAN BEACH, SANTA CRUZ, CA;				
** CONTINUING DATA ***** This appln claims benefit of 60/127,178, 03/30/1999				
** FOREIGN APPLICATIONS ***** <i>OK LR</i> <i>Name NY</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/10/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 84
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 3		
ADDRESS HICKMAN, PALERMO, TRUONG & BECKER LLP 1600 WILLOW STREET SAN JOSE, CA 95125-5106				
TITLE DATA STORAGE MANAGEMENT AND SCHEDULING SYSTEM				
FILING FEE RECEIVED 956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/422,121	FILING DATE 10/20/99	CLASS 386	GROUP ART UNIT 2712	ATTORNEY DOCKET NO. TIVO0004
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APPLICANT

JAMES M. BARTON, LOS GATOS, CA; BRIAN BEACH, SANTA CRUZ, CA.

CONTINUING DOMESTIC DATA***
VERIFIED

INSERT CONT. DATA

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/10/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 84	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

SEE CUSTOMER NUMBER: 022862

TITLE

DATA STORAGE MANAGEMENT AND SCHEDULING SYSTEM

FILING FEE RECEIVED \$956	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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